

# MODEL PAYMENT PROVIDER ENROLLMENT STATUS NOTICE

Michigan Family Independence Agency

**NOTE: See the Reference Forms and Publications Manual for instructions.**

1. Enrolling County	2. Requestor (District, Unit, Worker)	3. Request Date
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## PROVIDER INFORMATION:

4. Provider Name Type (Check One)			
<input type="checkbox"/> <b>INDIVIDUAL NUMBER</b> (Enter Last Name First in Item 5)		<input type="checkbox"/> <b>BUSINESS</b> (Enter Business Name in Item 5)	
5. Provider Name			
6. Supplemental Address			
7. Number and Street			
8. City		9. County	10. State
11. Zip Code		12. Phone Number	
A/C		-	

## MAILING INFORMATION:

13. In Care Of (Name)			
14. Number and Street			
15. City		16. State	17. Zip Code
18. Phone Number			
A/C		-	

## ENROLLMENT INFORMATION:

19. Tax Prefix			
S – Social Security Number    F – Federal    M - Michigan			
20. Provider Tax ID Number		21. Birth Date (Mo., Day, Year)	
22. Provider – Recipient ID Number		23. Attached Provider ID Number	

## ELIGIBILITY INFORMATION:

24.	25.	26.	27.
Eligibility Type	Begin Date (Month, Day, Year)	End Date (Month, Day, Year)	License / Facility Number

28. Reason Issued